



**North Carolina Department of Health and Human Services
Division of Health Service Regulation
Acute and Home Care Licensure and Certification Section
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HOME CARE AND HOSPICE LICENSURE SURVEY CHECKLIST

In order to assist in preparation for initial licensure survey and to ensure compliance with the *North Carolina Rules Governing the Licensure of Home Care Agencies*, you are advised to have the following items ready for review at the time of the initial survey.

I. Administrative Policies and Procedures – to include the following at a minimum:

- A. Evidence that the applicant has previously owned or operated a home care agency or evidence that the applicant has taken a DHSR approved home care training course {.0903a}
- B. Agency Organization Chart {.1001a8}
- C. Evidence of the existence of premises where agency will operate (electric bill, lease agreement, ownership documents, etc.) {.0903a-d}
- D. Geographic Service Area(s) for each service (Counties where providing service) {.1001g}
- E. Agency Director Job Description (qualifications and specific responsibilities) {.1001b,d,e}
- F. Service Supervisor Job Description (qualifications and specific responsibilities) {.1001c,d}
- G. Job Description for each service category (qualifications and specific responsibilities) {.1003d}
- H. Annual Budget (projected for new agencies – expenses and revenue) {.1002a}
- I. Infection Control Policies {.1003a} (follow OSHA guidelines), include:
 - 1. Bloodborne pathogen training policy and record of curriculum content, trainer, and training session dates
 - 2. TB and Hepatitis B policy
 - 3. Exposure control plan with high risk categories identified (employees with direct patient/client contact)
 - 4. Post-exposure follow-up procedures
- J. Annual Program Evaluation Policy {.1004a-e}
- K. Quarterly Client Record Review Policy {.1004d} (for Home Care agencies only), or Interdisciplinary Care Team (ICT) meetings (for Hospice only)

II. Client Care Policies and Procedures

- A. Client Rights Policy {.1007a-d}
- B. Client Complaint Policy, including state hotline number for filing complaints {.1007d}
- C. Admissions Policy {.1101}
- D. Policy for coordination of client/patient care with other community services or other home care agencies {.1001a11 & .1101a8}
- E. Scope of service policy {.1100} and applicable Service Policies {.1102 - .1109}, including but not limited to:
 - 1. Nursing, PT, OT, ST, MSW, Hospice (bereavement, volunteer services), Infusion, Respiratory – including on-call for nursing, infusion and respiratory services
 - 2. In-Home Aides (IHAs), including:
 - a. Documentation of training and competency verification {.1110a,b}
 - b. Quarterly supervision of IHAs for Home Care, every 2 weeks for Hospice {.1110d}
 - 3. Discharge Policy {.1402 – 2d,e}
 - 4. Plan of Care Policy with Quarterly Plan of Care Reviews {.1202a-d}
 - 5. Medication and Treatment Orders Policy {.1302}



6. Service Records Policy {.1401 & .1402}

- a. Storage of Records
- b. Retention of Records
- c. Content of Records
 - Admission/Intake data record
 - Client assessment data
 - Plan of care
 - Service data record
 - Supervisory visit record
 - Plan of care updates
 - Client's rights form
 - Physician's orders
 - Advance directives (if addressed in agency policy)

III. Personnel policies and procedures – to include the following at a minimum {.1003 & .1110}:

- A. Employee orientation policy
- B. In-service training policy and records of curriculum
- C. Employee annual performance evaluation policy
- D. Personnel records, content, access, storage and retention policy
- E. Policy defining agency's method of validating competencies
- F. Criminal background investigation policy (State Bureau of Investigation - SBI)
- G. Personnel records
 - 1. *For initial licensure survey – Bring completed personnel records for:*
 - a. Agency Director
 - b. Service Supervisor
 - c. Two (2) complete personnel records for each service/discipline requested on the Initial Application. (Hospice should include: bereavement coordinator, patient care coordinator, medical director, volunteer coordinator, and volunteers)
 - 2. *Each personnel record should include:*
 - a. Employee name
 - b. Job title
 - c. Application
 - d. Date of hire
 - e. Documentation of education and/or training
 - f. License verification (Nurses – NCBON verification)
 - g. Nurse aide registry listing/Health Care Personnel Registry check (CNAs/IHAs)
 - h. Orientation and in-service
 - i. Job description (signed)
 - j. Validation of skills (checklist) – signed by appropriate supervisor
 - k. Bloodborne pathogen training verification
 - l. Hepatitis B immunization/declination and TB status
 - m. Reference checks or verification of previous employment
 - n. Authorization to perform criminal background investigation by SBI

IV. Sample patient record/forms review

For initial licensure survey, bring sample(s) of all forms to be used for patient/client care documentation.

Home Care Initial Survey

Agency Name: _____

City: _____

Date: _____

Policies Reviewed		Comments
Administrative Policies		
	Evidence that applicant has previously owned/operated a HC agency {.0903a}	
	Evidence of DHSR approved HC training course (as applicable) {.0903a}	
	Agency Organization Chart {.1001a8}	
	Evidence of premise for operation {.0903a-d}	
	Geographic Service area {.1001g}	
	Agency Director job description {.1001b,d,e}	
	Service Supervisor job description {.1001c,d}	
	Job Descriptions for other categories {.1003d}	
	Annual projected budget {.1002a}	
	Infection control policies {.1003a} including	
	Bloodborne pathogen policy and contents	
	TB test policy and contents	
	Hepatitis B immunization/declination policy	
	Exposure control plan or policy	
	Employee risk categories identified	
	Post exposure follow-up plan/policy	
	Annual program evaluation policy {.1004a-e}	
	Quarterly client record review policy {.1004d}	
Client Care Policies		
	Scope of Services policy {.1100}	
	Service policies per service categories {.1102 - .1109}	
	Coordination and referral policy {.1001a11 & .1101a8}	
	Quarterly supervision of IHAs policy {.1110d}	
	Admissions/acceptance policy {.1101}	
	Discharge policy {.1402 – 2d,e}	
	Client's rights and responsibilities policy {.1007a-d}	
	Agency complaint policy with state hotline number(s) {.1007d}	
	Plan of care policy and contents {.1202a-d}	
	Quarterly plan of care review policy {.1202a-d}	
	Client record storage and retention policy {.1401}	
	Client record content policy {.1402}	
	Medical and treatment orders policy {.1302}	
Personnel Policies and Procedures		
	Competency verification, skills validation/checklist policy {.1003e & .1110a,b}	
	Personnel records policy and content {.1003e}	
	Annual performance evaluation policy {.1003e}	
	In-service training policy {.1003c}	
	Orientation policy {.1003c}	
	Criminal background investigation (SBI) policy {.0906a}	

Home Care Personnel Record Review

Agency Director	Name	
	Signed Job Description	
	Application (or resume)	
	Bloodborne Pathogen training	
	Hep B	
	PPD/TB	
	Qualifications of Director (<i>shall meet one or more of the following</i>) Y/N	
	1. Health care practitioner 2. At least 2 yrs supervisory or management experience in home care or any other provider pursuant to G.S. 131E or G.S. 122C; or 3. Bachelor's degree in health, business, or public administration science and has at least one year supervisor/management experience in home care or other licensed health care program.	

Applicant:

- ❖ ____ Evidence of previous ownership/operation of HC agency
- OR
- ❖ ____ Evidence of completion of DHSR approved HC training course

Personnel		Service Supervisor	Caregiver (RN/LPN, CNA, IHA, PT, OT, ST, MSW, RT)	Caregiver (RN/LPN, CNA, IHA, PT, OT, ST, MSW, RT)
	Employee Name			
	Job Title			
	Signed Job Description			
	Application (or resume)			
	Hire Date			
	License Verification			
	NA registry/HCP check			
	Skills Validation	NA		
	Bloodborne Pathogen training			
	Hep B			
	PPD/TB			
	Orientation			
	Reference checks			
SBI/signed authorization				

Comments